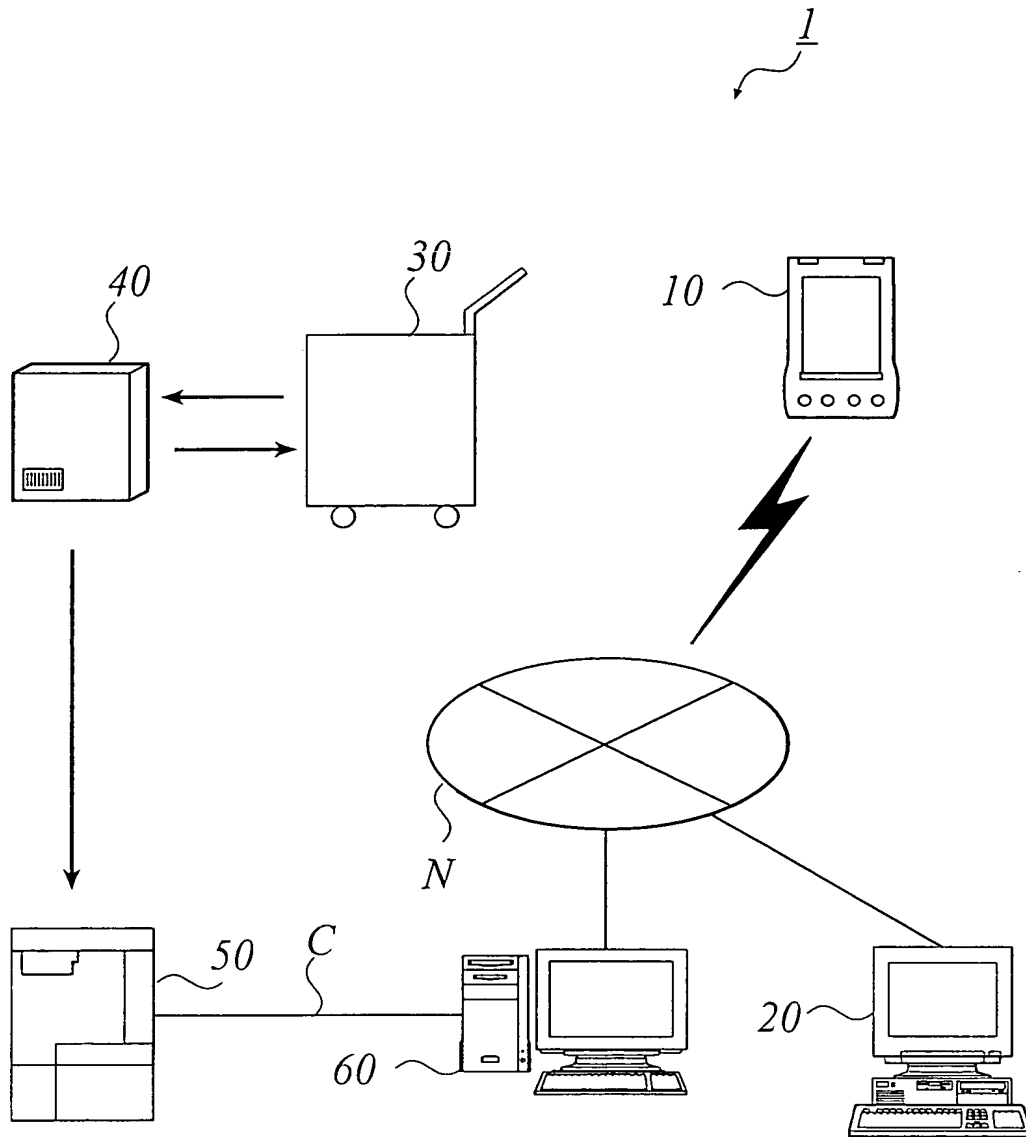


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FIG 1



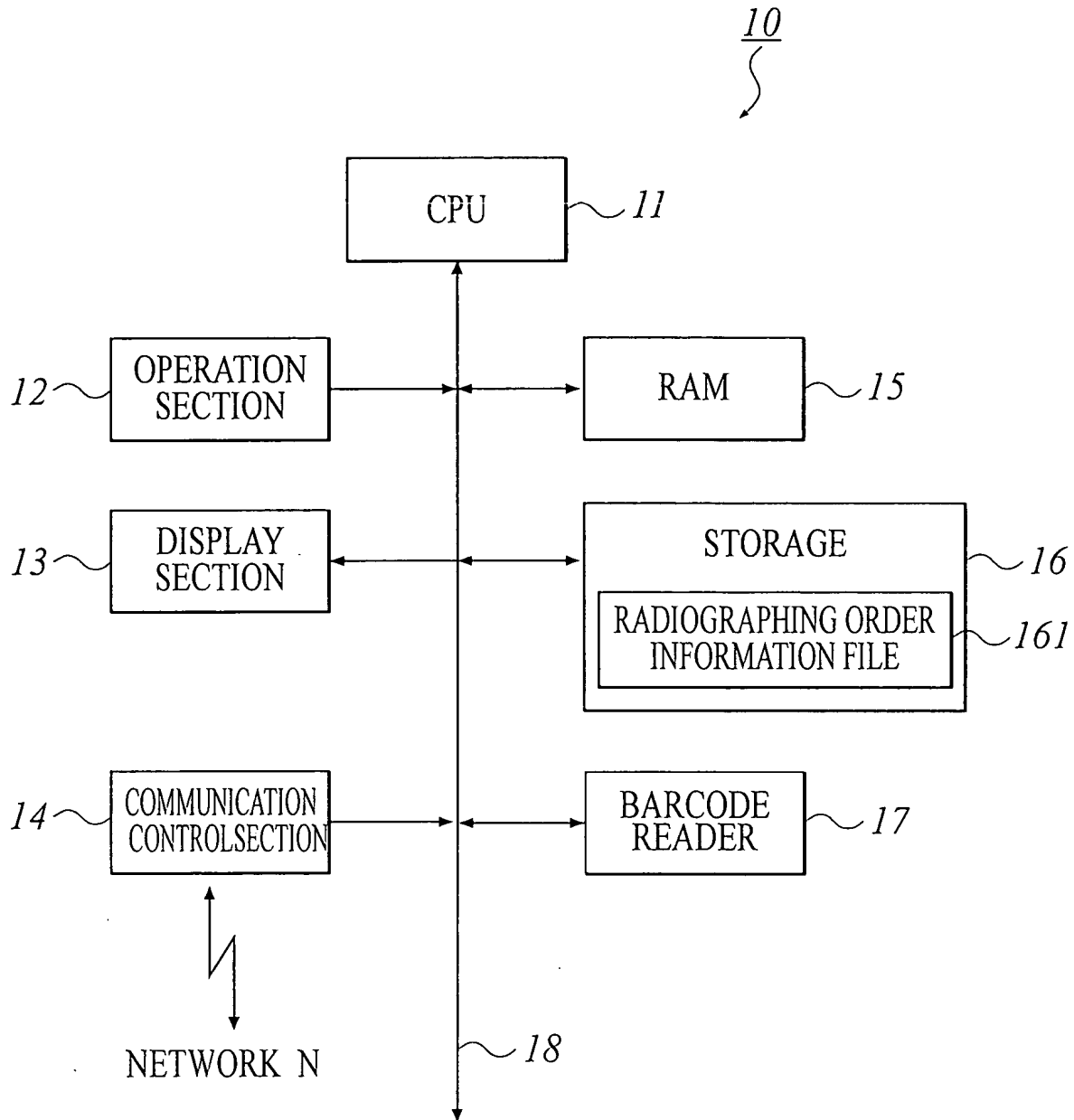


FIG.3

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| RADIOGRAPHING ID | PATIENT ID | NAME | SEX | AGE | HOSPITAL ROOM | REQUEST DEPARTMENT | RADIOGRAPHING CONDITION |
|------------------|------------|------|--------|-----|---------------|--------------------|-------------------------|
| 2002101001 | 1000002 | ○○○○ | MALE | 40 | 101 | SURGERY | SKULL A → D |
| 2002101002 | 1000002 | ○○○○ | MALE | 40 | 101 | SURGERY | CHEST R → L |
| 2002101003 | 1000005 | △△△△ | FEMALE | 50 | 205 | INTERNAL MEDICINE | ABDOMEN LAT |
| 2002101004 | 1000005 | △△△△ | FEMALE | 50 | 205 | INTERNAL MEDICINE | ABDOMEN P → A |
| ⋮ | ⋮ | ⋮ | ⋮ | ⋮ | ⋮ | ⋮ | ⋮ |

| RADIOGRAPHING ID | RADIOGRAPHING APPARATUS | NUMBER OF SHEET | CASSETTE ID |
|------------------|-------------------------|-----------------|-------------|
| 2002101001 | READER A | 3 | |
| 2002101002 | READER C | 4 | |
| 2002101003 | READER A | 5 | |
| 2002101004 | READER B | 5 | |
| ⋮ | ⋮ | ⋮ | ⋮ |

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FIG 4

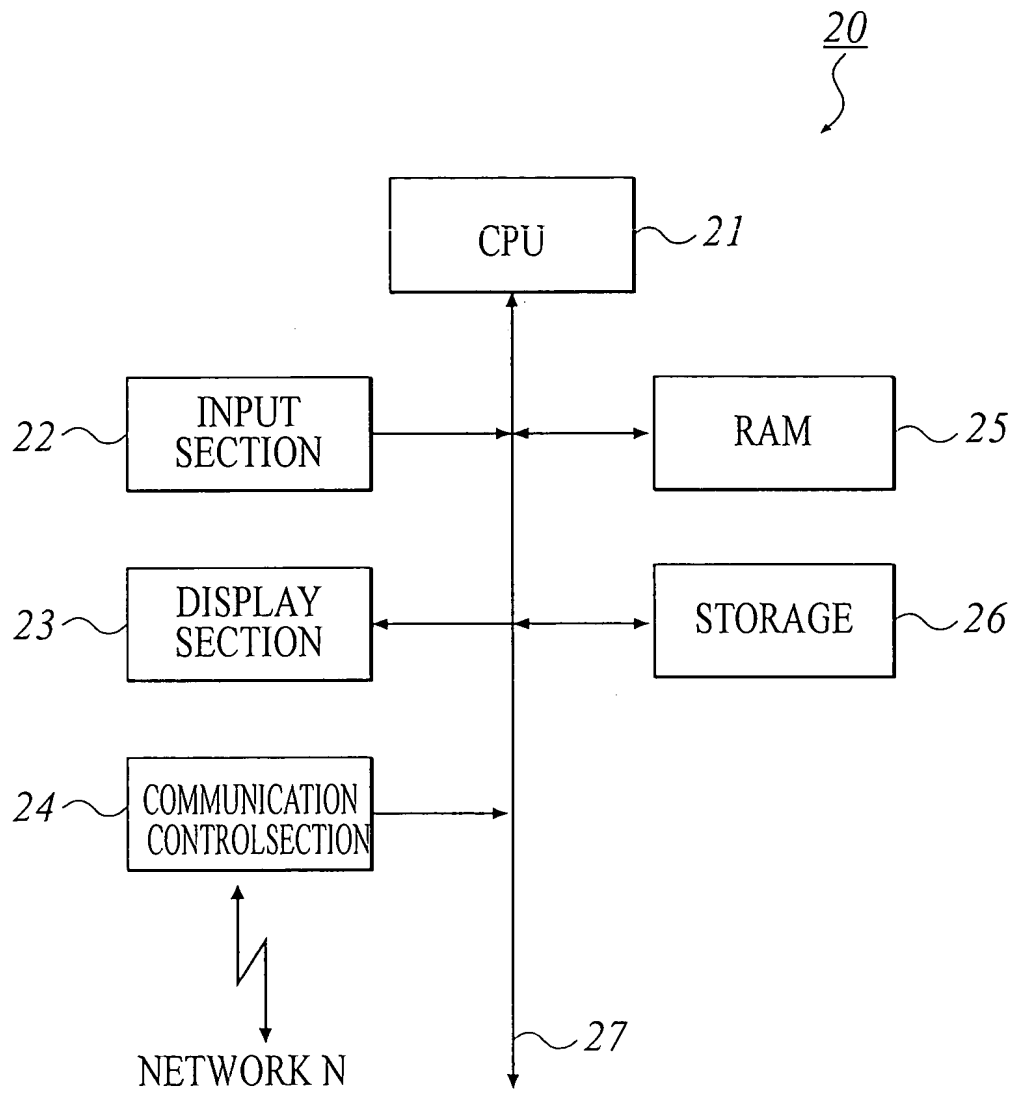
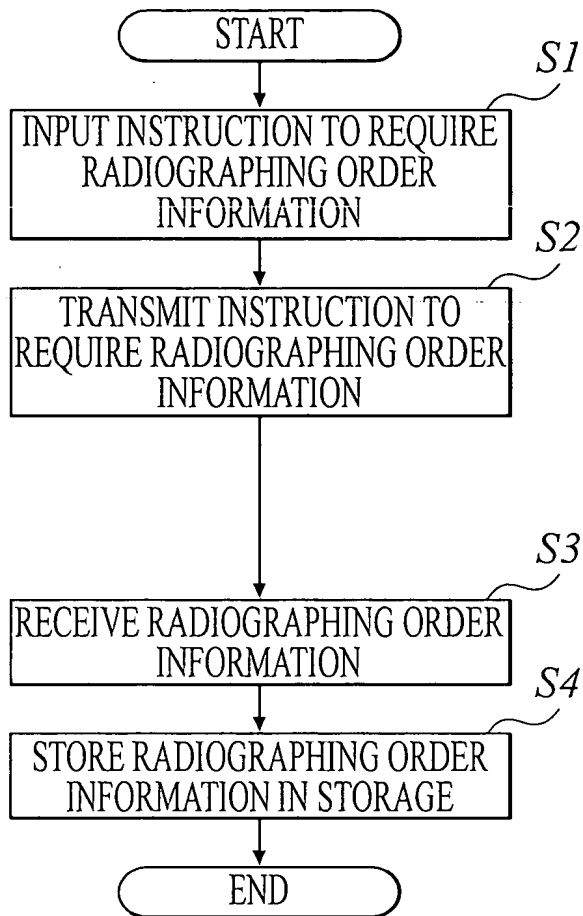
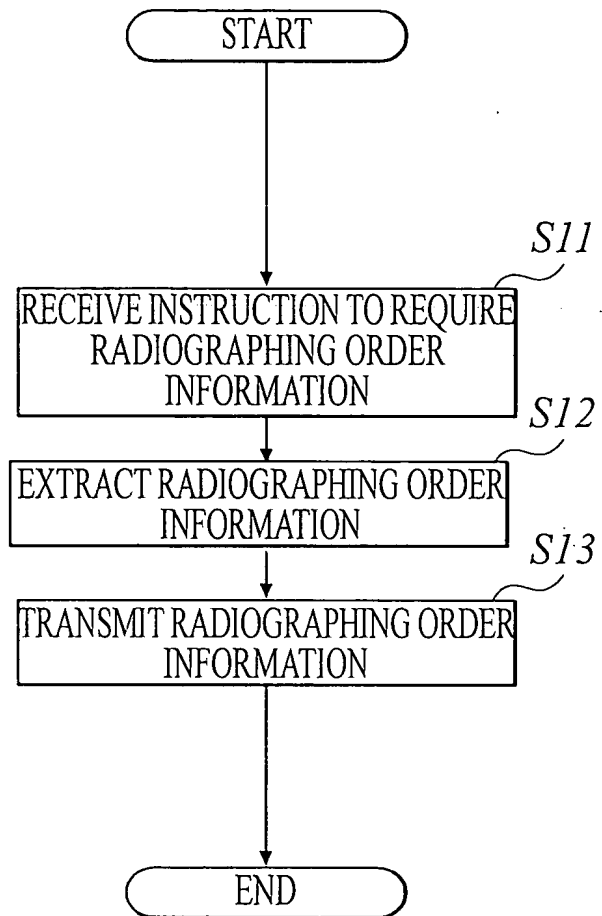
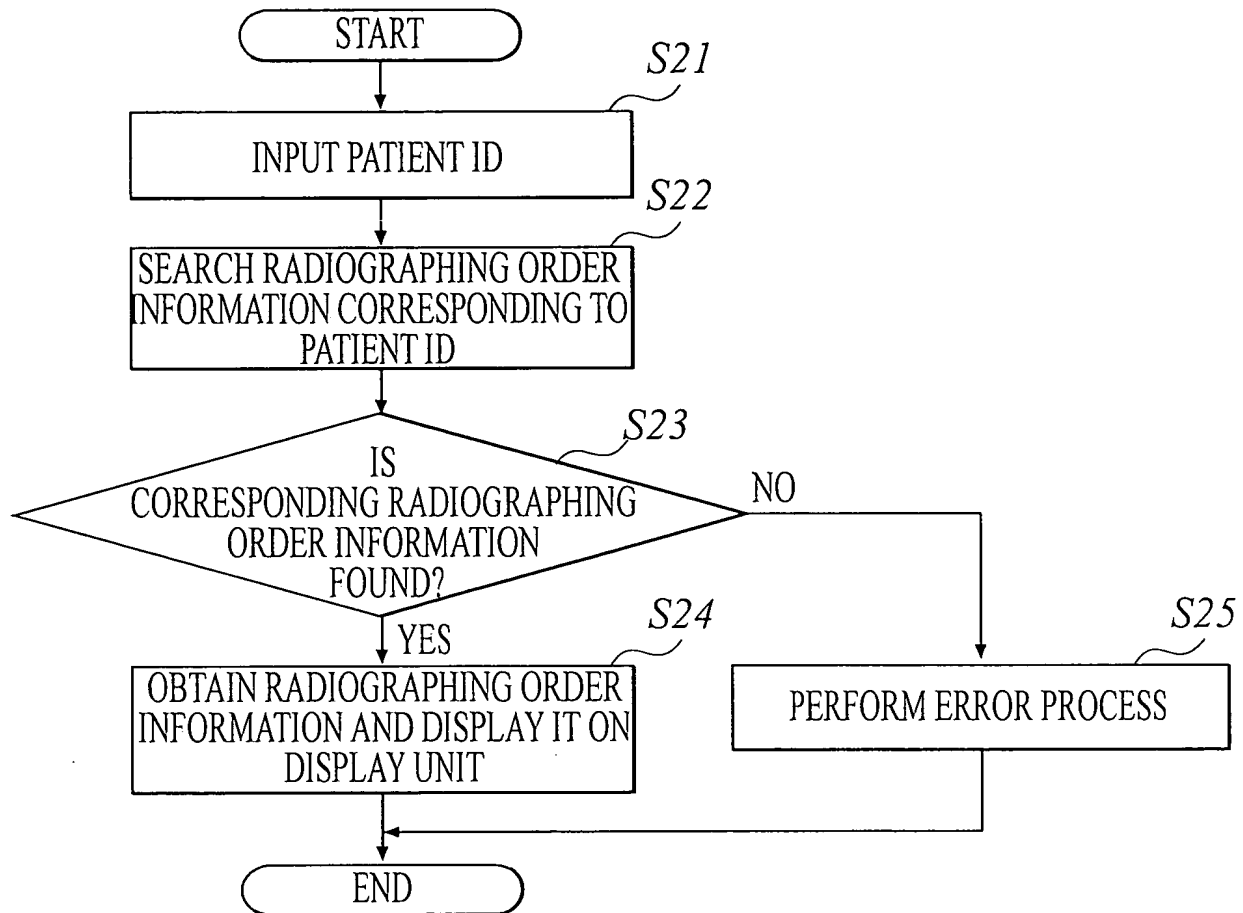


FIG 5A**FIG 5B**

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FIG 6



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FIG 7A

| | | | |
|-------------------------|--------|---------------------------------------------------|--------|
| PATIENT ID | 100002 | <div>△</div> <div></div> <div></div> <div>▽</div> | |
| NAME | ○○○○○ | | |
| SEX | MALE | | AGE 40 |
| HOSPITAL ROOM | 101 | | |
| RADIOGRAPHING ID | | 20020101001 | |
| RADIOGRAPHING CONDITION | | SKULL A → P | |
| RADIOGRAPHING APPARATUS | | READER A | |
| NUMBER OF SHEET | | 3 | |
| CASSETTE ID | | - | |
| RADIOGRAPHING ID | | 20020101002 | |
| RADIOGRAPHING CONDITION | | CHEST R → L | |
| RADIOGRAPHING APPARATUS | | READER C | |
| NUMBER OF SHEET | | 4 | |
| CASSETTE ID | | - | |
| RADIOGRAPHING ID | | 20020101003 | |
| RADIOGRAPHING CONDITION | | ABDOMEN LAT | |
| RADIOGRAPHING APPARATUS | | READER A | |
| NUMBER OF SHEET | | 5 | |
| CASSETTE ID | | - | |

FIG 7B

| | | |
|-----------------------------------------|--------|---------------------------------------|
| PATIENT ID | 100002 | <div>△</div> <div></div> <div>▽</div> |
| <u>THERE IS NO CORRESPONDING</u> | | |
| <u>RADIOGRAPHING ORDER INFORMATION.</u> | | |